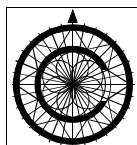


# **SIXTH QUARTERLY PERFORMANCE REPORT**

1 January – 31 March 2004



Submitted to:  
**USAID/Manila**



By:  
**Chemonics International Inc.**  
**Contract No. 492-C-00-02-00031**

This study received support from the Office of Population, Health and Nutrition (OPHN) Philippine Mission, United States Agency for International Development (USAID), under the terms of Contract No. 492-C-00-02-00031. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of USAID.

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**SIXTH QUARTERLY PERFORMANCE REPORT**  
**1 January - 31 March 2004**

**PHILIPPINE TIPS**  
**(Tuberculosis Initiatives for the Private Sector)**

<b>CONTRACTOR:</b>	Chemonics International, Inc.
<b>CONTRACT NO.:</b>	492-C-00-02-00031
<b>REPORTING PERIOD:</b>	January – March 2004 (Quarter 6 of 12)
<b>USAID OFFICE:</b>	Office of Population, Health and Nutrition USAID/Manila

April 2004



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## ACRONYMS

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ASI	American Standard Incorporated
CAA	Communication/Advocacy Advisor
CADPI	Central Azucarera Don Pedro, Inc.
CMS	Commercial Market Strategies
CUP	Comprehensive Unified Policy
DOH	Department of Health
DLSU	De La Salle University
DOLE	Department of Labor and Employment
DOTS	Directly Observed Treatment, Short Course
DSAP	Drugstores Association of the Philippines
ECC	Employees Compensation Commission
GDF	Global Development Fund
GSIS	Government Service Insurance System
IEC	Information Education Commission
IMS	Intercontinental Management Services
IUATLD	International Union Against Tuberculosis and Lung Disease
KAP	Knowledge Attitude Practice
MDH	Manila Doctors Hospital
MOA	Memorandum of Agreement
MTBEA	Master TB Education Award
NCET	National Coalition for the Elimination of Tuberculosis
NGO	Non-Governmental Organization
NTBC	National Tuberculosis Center
NTP	National Tuberculosis Program
OD	Organizational Development
OR	Operations Research
OSHC	Occupational Health and Safety Commission
PAFP	Philippine Academy of Family Physicians
PAMET	Philippine Assoc Medical Tech
PBSP	Philippine Business for Social Progress
PCCI-Phil	Philippine Chamber of Commerce and Industry
PCCP	Philippine College of Chest Physicians
PCHRD	Philippine Council for Health Research and Development
PDI	Pharmacy DOTS Initiative
PHIC	Philippine Health Insurance Corp
PhilCAT	Philippine Coalition Against Tuberculosis
PPHA	Philippine Pharmaceutical Association
PPM	Private-Public Mix

PMP	Performance Monitoring Plan
PSHP	Philippine Society of Hospital Pharmacies
PTSI	PTSI Philippine TB Society Inc
RFA	Rapid Field Appraisal
SSS	Social Security System
TB	Tuberculosis
TIPS	Tuberculosis Initiatives for the Private Sector
TOT	Training of Trainers
UMed	United Laboratories Medical Education and Development
USAID	United States Agency for International Development
UST	University of Santo Tomas
WHO	World Health Organization





## SECTION I

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### **Executive Summary**

The significant accomplishments of the sixth quarter are summarized below.

#### **A. Health Policy**

The project provided input on the Department of Labor and Employment's (DOLE) TB in the workplace guidelines. The guidelines were targeted for issuance during the 2004 commemoration of the World TB Day but were not ready due to ongoing tripartite discussions with key stakeholders such as labor groups, employers, and government. The DOLE initiative was undertaken in response to Executive Order 187, which provided a mandate for the Comprehensive Unified Policy (CUP) for implementation of TB control programs. The guidelines aim to establish workplace TB control programs aligned with the National TB Program (NTP) and to provide policies to protect workers with TB against discrimination and dismissal from work.

The scope of work for the private sector drug facility study has been finalized. The study commences in April. It is expected to assess current TB drug policy and management as well as design and recommend a mechanism to provide patients access to high-quality and affordable anti-TB drugs.

#### **B. Operations Research on New DOTS Model Development**

The pharmacy DOTS initiative pilot implementation is under way. Training of trainers has been completed, and the Information Education Commission's (IEC) materials are scheduled for production in April. Advocacy with key stakeholders such as the Philippine Pharmaceutical Association (PPHA) and the Drugstores Association of the Philippines (DSAP) resulted in a formal declaration of support for TB control. The Department of Health (DOH) is endorsing this declaration. The organization of participating pharmacies also has gained ground; one of its significant accomplishments is securing the commitment and participation of the big pharmacy chains, Mercury Drug, Rose Pharmacy, and Watsons. On-the-ground implementation of this initiative will begin in May.

Philippine Business for Social Progress (PBSP) has submitted the evaluation report on the pilot implementation of the DOTS formal workplace models to the Philippine TIPS team for review. The team is scheduling an external evaluation to ensure the models adhere to quality standards such as those required for other models enhanced or developed by Philippine TIPS, as well as for the replication/expansion programs. The DOTS informal workplace model, with ties to the formal sector, is still being assessed and designed. A rapid appraisal of participants in the pilot site is being used as the basis for designing the service structure. The final design and pilot implementation plan is expected to be completed in the next quarter.

#### **C. DOTS Model Enhancement**

The implementation period for the enhancement plan for the four DOTS models—Manila Doctors Hospital, De La Salle University, FriendlyCare Clinic, and PhilamCare—has been extended to April 30, 2004, to achieve better results. To date, the outputs of this study are the situation analysis; enhancement plan, including a system for treatment partner supervision, recording, and reporting; a computer-based tool for determining treatment outcomes; various IEC materials; and a monitoring system. The study team is expected to submit initial replication guidelines by April 15 and the final report by April 30. The study will be followed by a second situation analysis, scheduled in May. The procurement process for the

provider of the second situation analysis is under way.

#### **D. Replication/ Expansion of DOTS Programs:**

The roadshow, which included a basic DOTS training and grant announcement in the replication sites, has been conducted. A total of 556 potential referring physicians participated, out of which 302 applied for PhilCAT certification. In addition to the workshops, organization meetings were conducted to attract more interest and to inform local supporters of the grant's objectives, scope, application process, and benefits. The RFA was issued on April 1. Proposal-writing workshops are scheduled throughout April and the first week of May. The workshops are intended to facilitate the preparation of proposals and to serve as a venue for answering questions or providing clarifications for applicants.

#### **E. Training**

The project provided mentorship to the three grantees through National Tuberculosis Center (NTBC). All grantees have successfully integrated the DOTS syllabus into their curriculum, as well as establishing creative and innovative teaching and learning tools.

Due to medical schools' enthusiasm for the first Master TB Education Award (MTBEA), the project requested and won USAID's approval to expand the total number of grants from five to 10 schools. Two of the awards will be allocated to a school in Visayas and in Mindanao to ensure regional representation. The RFA for the second award was issued on April 1, 2004. Selection and award is scheduled for early June. The RFA provisions are essentially the same; however, the second RFA included the establishment of a DOTS clinic that will serve as a practical training venue for students as a minimum requirement.

#### **F. Certification**

The certification system and process used by PhilCAT to certify 10 public and private DOTS centers was reviewed and evaluated. Evaluation results were used to refine the certification standards and assessment forms. Training modules for surveyors were prepared, and three regional trainings were conducted. In all, 68 participants from DOH, PhilHealth, and the private sector were trained. They now constitute the pool of local certifiers.

#### **G. Communications**

With AC Nielsen (Philippines, Inc.), the project is implementing market research activity to investigate TB information-seeking behavior among private doctors and other stakeholders. The results will be applied to the development of an integrated communications strategy. Face- to-face interviews were completed in March, and the top-line report is due for submission by mid-April.

A media analysis of radio and TV ads was completed already. Next, AC Nielsen will perform a desk review of newspaper ads. Nielsen will review ads in two papers, the *Philippine Inquirer* and the *Philippine Star*, every day during March and August—the months with the most TB-related activities. For the rest of the months, the papers will be reviewed on a randomly selected day each week.

In the area of project communications, the project provided support to the 2004 World TB Day commemoration. The project's communications adviser was appointed the co-chairperson for event organization and handled the media networking and publicity components. The following milestones marked this year's commemoration: the launch of DOH's TB Network; issuance of the Public-Private Mix DOTS (PPMD) Guidelines and its logo; awards to key stakeholders, including USAID, for their exemplary contributions to TB control; PHIC reimbursement of the first tranche payments of five DOTS

clinics; and the introduction of two TB mascots, Tibor, a cured patient, and TB Tina, a treatment partner.

In other areas, the communication adviser helped IEC pharmacy consultants conduct an audience-based analysis and craft specific messages for various communications situations. Advisory/technical support was also provided to DOTS centers that wanted to refine IEC messages and to design communications materials design for the centers' key clients—referring physicians, treatment partners, and patients.

## **H. DOTS Financing**

As part of the situation analysis, the financial analysis of existing DOTS programs was undertaken. Various scenarios have been tested, but the overall conclusion is that PhilHealth benefits alone will not sustain the cost of operations in existing DOTS clinics—largely due to the low number of patients who are PhilHealth members. However, the financial position will improve if user fees are charged. Therefore, the business plan needs to include non-conventional revenue sources, corporate sponsorship, or cross-subsidies from more profitable health-care services. The business plan is scheduled to be prepared in the next quarter.

## SECTION II

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### Objectives, Tasks, and Deliverables

In support of USAID/Manila's SO 3, IRs 2.1, 2.2, 4.2, and 4.3, the TIPS project has been charged with the following objectives, tasks, and deliverables:

#### A. Objectives

Contribute to reducing TB prevalence in the Philippines; specifically, increasing the successful diagnosis and treatment of TB patients by increasing the use of DOTS in the private sector. Further, the project will address the implementation and standardization of TB control and management in the Philippine private sector and focus on improving public-private partnerships by assisting with the development of institutions that will establish strategic and sustainable measures toward long-term TB reduction.

#### B. Tasks

The project will focus on the following six tasks:

*Task 1: Enabling environment.* Policies, guidelines, and regulations revised and expanded to support appropriate, complementary DOTS implementation by public and private providers.

*Task 2: Operations research.* Best strategies identified to improve and expand DOTS implementation in the private sector.

*Task 3: Develop/create DOTS models.* Private sector models developed, implemented, and assessed at regional or local levels.

*Task 4: Replication of DOTS models.* Best approaches/models are implemented and adapted in at least 25 strategic urban sites nationwide, with a potential for replication beyond those 25 sites.

*Task 5: Training, certification, communications.* Sustainability of all TB programs strengthened through improved teaching and training in medical schools, improved treatment behavior of private service providers, project promotion, and support to other project tasks through an integrated communications program.

*Task 6: Financing.* National health-care financing schemes that strengthen private sector delivery of TB control and cure services developed and implemented.

#### C. Deliverables

The project has seven deliverables. The first is an overarching deliverable, while the remaining six correspond to the aforementioned tasks.

*Deliverable A:* Baseline TB success rate data; baseline on knowledge, attitude and practices of private physicians on TB treatment; and a scale of measurement indicators of achievement of contract objectives.

*Deliverable B:* A comprehensive packet of policies, guidelines, and regulations developed and instituted at the national and local levels to promote appropriate, complementary implementation of TB DOTS

treatment by private providers.

*Deliverable C:* Best strategies identified through OR to improve and expand TB DOTS implementation in the private sector.

*Deliverable D:* Private sector TB DOTS service models implemented in specific areas to demonstrate potential for replication.

*Deliverable E:* Best TB DOTS approaches/service models implemented in at least 25 strategic urban sites nationwide.

*Deliverable F:* Teaching and training of TB DOTS conducted in medical professional schools; and, an integrated communication campaign implemented to improve treatment behavior of private service providers, promote the project, and support other project tasks.

*Deliverable G:* Appropriate guidelines and regulations are developed to promote necessary reimbursement programs among private health groups.

## SECTION III

### Performance Objectives and Accomplishments for the Quarter by Task

#### A. Deliverable A: Baseline Data Collection and Performance Monitoring Plan (PMP)

*Baseline survey of private physicians' KAP.* The KAP/provider survey will inform the project and USAID of the level of DOTS practice in 25 selected sites in the Philippines. This survey is the first TB practice survey conducted in the Philippines; it will cover 25 urban sites with a strong private health sector presence. The study will specifically focus on the TB practice of internal medicine (pulmonology, infectious disease) specialists and family medicine specialists and general practitioners, using the National TB Program guidelines as the standard.

Philippine TIPS awarded the subcontract to UPEcon on January 12, 2004. The team immediately mobilized and submitted its inception report, which outlined its time-bound implementation plan, shortly thereafter. Upon consultation with the DOH, TIPS replaced Tuguegarao with Laoag City and asked UPEcon to adjust the sites for its situational analyses of existing DOTS centers. Based on a review of PhilCAT's list of applicant DOTS centers, UPEcon will select up to six centers initially and add three more from the same list or from DOTS-practicing clinics that it encounters during the survey. To date, UPEcon has validated the list of physicians derived from the list procured from the Intercontinental Marketing Services (IMS); that list contained 27,044 physicians for the 22 project sites. The sampling framework has been completed and survey instruments have been drafted and presented for comments to Philippine TIPS. Based on feedback, UPEcon is currently finalizing the instrument. Meanwhile, orientation and initial training of the survey team was conducted.

#### Deliverable A

Establish baseline success rate data; baseline on knowledge, attitude, and practices of private physicians on TB treatment; and scale of measurement indicators of achievement of contract objectives.

*Objectives:* Commence implementation of the baseline survey on KAP of private physicians on TB treatment. Secure approval of the project's performance monitoring plan.

*Targets:* Preparation of the inception report and sampling framework. Commencement of the conduct of the actual survey. Securing of USAID approval of TIPS PMP.

*Performance monitoring plan.* The PMP has been re-submitted to USAID (submitted earlier to former CTO in October, 2003) for approval at latter part of the fifth quarter.

#### B. Task 1 (Deliverable B): Enabling Environment

*Private sector drug facility.* Initially the project planned to undertake a feasibility study of a facility that will provide the mechanism for private sector DOTS centers to avail of reasonably priced anti-TB drugs. After discussing the concept with USAID, the approach was slightly modified from an integrated study to a two-tiered one. The first tier will be a situation analysis to determine the demand gaps and to review of current policies and regulatory regime. The second tier will design a scheme and recommend a mechanism to enable private sector access to low cost drugs. Further review of the approach led to the refinement of the SOW to integrate the drug policy review to PPM DOTS financing. Existing DOTS centers present a unique source of evidence for assessment and design. They will also serve as pilot sites to validate recommended strategies and tools of the effective and efficient drug supply and utilization, and sustainable financing.

The SOW has been approved by USAID and the study has started early April. The situation analysis is

expected in mid May and the design and mechanism by end of June 2004.

*MOA with professional societies on quality assurance.* Formal implementation plans of the memoranda of agreement among the medical professional societies, the project and PhilCAT still have to be drafted and discussed.

*Policy advocacy on TB patient rights.*

Philippine TIPS is a member of the Inter-agency committee tasked with the formulation of TB in the workplace guidelines led by Department of Labor and Employment's Occupational Health and Safety Commission. In this capacity, it provided inputs to the final draft of the guidelines, which were scheduled for issuance during the World TB Day by DOLE.

Unfortunately the guidelines could not be issued in view of on-going discussions with the tripartite labor committees that would give multi-sectoral endorsement on the guidelines.

**Deliverable B:**

A comprehensive packet of policies, guidelines and regulations developed and instituted at the national and local levels to promote appropriate, complementary implementation of TB DOTS treatment by private providers.

**Objectives:** Follow up advocacy work on the promotion of TB patient rights. Pursue development of the Private Sector Drug Facility. Pursue planned activities on DOTS quality assurance.

**Targets:** Issuance of DOLE's TB in the workplace guidelines by World TB Day commemoration (March 24). Conduct of PCCI symposium on employers' participation in TB control. Professional societies' implementation plan for the MOA with PhilCAT and Philippine TIPS re promotion of DOTS among its members. Discussion with PAMET on possible collaboration with Philippine TIPS to improve the quality of sputum microscopy.

## **C. Task 2 (Deliverable C): Operations Research and Related Studies**

### **C1. Pharmacy DOTS Initiative (PDI)**

*Engaging key pharmacy stakeholders to participate in PDI.* The PDI project team's presentations to key stakeholders in the public and private sectors at both the national and local levels have generated interest and involvement in the project. A major accomplishment of these presentations is the commitment to participate in the project obtained from the following:

- The four biggest national pharmacy chains: Mercury Drug Corporation, Rose Pharmacy, Inc., Watsons Personal Care Stores (Philippines), and South Star Drug.
- Three national pharmacy-related associations: Philippine Pharmaceutical Association (PPHA), Drugstores Association of the Philippines (DSAP), and Philippine Society of Hospital Pharmacies.
- DOH, specifically its Bureau of Food and Drugs, Centers for Health and Development, and National TB Control Program (NTP).
- Philippine Coalition Against Tuberculosis (PhilCAT) and its local chapters in Northern Mindanao (NORMINCAT), Davao City (DACICAT), Iloilo City (CICAT), Cavite (CCCAT), and Dagupan City.
- Regional Coordinating Committees of the Private-Public Mix DOTS (PPMD) in the cities of Cagayan de Oro and Davao.

**Deliverable C**

Best strategies identified through OR to improve and expand TB DOTS implementation in the private sector

**Objectives:** Pursue on-going studies on new DOTS model development

**Targets:** Interim report on pilot implementation of pharmacy initiative; completion of IEC materials and completion of training of trainers. Presentation by PBSP of formal workplace DOTS pilot implementation results. Design and implementation plan for informal workplace DOTS models. Design and implementation of a single practice network DOTS model

- United Laboratories, which will incorporate the PDI concept in its sponsorship of PPHA's continuing pharmacy education in all seven PDI sites.

The collaboration of PPHA, DSAP, PhilCAT, and DOH with Philippine TIPS PDI will be formalized in a public signing of a Declaration of Support. This will be held at the 54<sup>th</sup> annual convention of PPHA on April 17, 2004 in Iloilo City, where the PDI project will be launched. Approximately 1,500 members of PPHA and DSAP will participate in the convention. The secretary of health will be present and will sign the declaration as one of the major signatories. The document is shown in Exhibit A on the next two pages.

*Training of trainers.* The second training of trainers held February 2-4 completed the roster of PDI master trainers; the first batch completed training in the previous quarter. Seventeen participants from Dagupan, Iloilo, Cebu, and Quezon were taught training skills as well as technical knowledge related to TB pathogenesis, treatment, and DOTS. Their acquired knowledge and skills will enable the trainers to design appropriate training interventions for different clusters of pharmacy groups in their cities. Documentation of these training workshops has been completed and is in the PDI library of materials.

*IEC materials development.* Using the audience analysis results, the Philippine TIPS PDI team organized a series of workshops, with technical assistance from two communications consultants, to develop key messages for three communication situations. The IEC messages relate to the following communication scenarios: between site managers and pharmacy owners to introduce and advocate participation in PDI; between site managers/trainers and pharmacists/pharmacy assistants to train and orient the pharmacy personnel on their roles and responsibilities in PDI; and between pharmacists/ pharmacy assistants and TB clients, for information dissemination, prescreening, and referrals to DOTS centers.

The IEC materials are intended to convey the following messages: the seriousness of the TB situation in the country, the importance of pharmacies' participation in TB DOTS, and the roles of pharmacy owners as well as pharmacists/pharmacy assistants in PDI. A major objective of the IEC messages is to secure pharmacy owners and pharmacists/ pharmacy assistants' commitment to participate in the PDI project. For this purpose, pharmacy owners and pharmacists/ pharmacy assistants will be asked to sign a memorandum of agreement with Philippine TIPS and an expression of commitment, respectively.

Three sets of IEC materials will be produced to communicate the identified messages. Materials for overall project support include a PDI logo with slogan, a poster to encourage clients to seek information, a banner promoting drugstores as PDI partners, and postcard and poster teasers. These materials will be used at the launch of the PDI project and during the first phase of implementation, when the advocacy campaign will be at its height. Other advocacy materials for engaging pharmacy owners to join PDI include a flipchart and its PowerPoint version and a marketing kit that provides information on the national and local TB situations and the roles of PDI and pharmacists.

Training support materials to be used for the training of the pharmacy personnel are in their final stage of development. These consist of manual/guidelines for the trainers and a training toolbox that includes a flipchart, a PowerPoint presentation, handouts to help the pharmacy personnel carry out their PDI-related tasks, a manual of operations, a reference sheet of frequently asked questions, and a PDI TB-DOTS flowchart.

## **C2. TB in the Workplace/Work Force Model**

The models being developed under the PBSP subcontract are service structures for the formal work force and for the informal work force with ties to its formal counterpart. PBSP evaluated the pilot implementation of the screening the formal work force (with pre-employment and annual medical



**Exhibit A: PDI Declaration of Support**

**DECLARATION OF SUPPORT  
FOR THE PHARMACY DOTS INITIATIVE PROJECT**

PHILIPPINE TUBERCULOSIS INITIATIVES FOR THE PRIVATE SECTOR (Philippine TIPS), a project supported by the United States Agency for International Development (USAID) to promote private sector participation in tuberculosis control, in partnership with the DEPARTMENT OF HEALTH (DOH), Government of the Philippines, and the PHILIPPINE COALITION AGAINST TUBERCULOSIS (PhilCAT), and in collaboration with the PHILIPPINE PHARMACEUTICAL ASSOCIATION OF THE PHILIPPINES (PPhA) and the DRUGSTORES ASSOCIATION OF THE PHILIPPINES (DSAP);

*Hereby, acknowledge:*

That, TB is a major public health problem in the Philippines that requires strong, and coordinated efforts of government and the private sector and controlling this disease demands long term commitment, sustained action and hard work;

That, the National TB Control Program of the DOH, which endorses the Directly Observed Treatment, Short-course (DOTS), contains the policy and program framework recommended for all TB control activities in the country;

That, self-medication is a common practice among TB patients, a dangerous practice that could lead to inappropriate and incomplete treatment with serious consequences, including the development and spread of multi-drug resistant TB strains that are difficult and expensive to cure;

That, for many TB patients in the Philippines, the pharmacy is the patients' first, and sometimes, the only point of contact with the health system;

That, given this comparative advantage of pharmacies to correct the problems associated with self-medication and its complications, and their potential to provide correct information to the public, a partnership with the pharmacy sector is crucial to TB control in this country;

That, through the technical assistance of the Pharmacy DOTS Initiative Project (PDI), the Pharmacists and Pharmacy attendants of participating pilot pharmacies shall be provided with training on TB and DOTS so that they can,

- Properly disseminate information and educate the community about DOTS as the appropriate treatment for TB;

THEREFORE, we, as heads of our respective agencies, witnessed by major TB stakeholders, have signed this document as a declaration of our full support for the Pharmacy DOTS Initiative project, which is being launched by Philippine TIPS in partnership with the DOH, PhilCAT, PPhA, and DSAP, in the City of Iloilo, on the 17<sup>th</sup> day of April, in the Year of our Lord, 2004.

*Signed:*

Mr. Eladio M.  
Tinio  
President  
PPhA

Ms. Celia O.  
Carlos  
President  
DSAP

Hon. Manuel M.  
Dayrit  
Secretary of  
Health  
Government of  
the Philippines

Dr. Charles Y.  
Yu  
National  
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PhilCAT

Dr. Juan  
Antonio Perez III  
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Philippine TIPS

*Witnessed by:*

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examinations) at three companies—Central Azucarera de Don Pedro Inc. (CADPI), American Standard, and Toyota—where the pilot project has been implemented. PBSP reached the following conclusions:

- A company's willingness to implement DOTS is key to their involvement in the program.
- Companies with a tradition of strong programs for employee health and welfare can facilitate program implementation.
- The promise of a PhilHealth TB outpatient package reimbursement alone was not a sufficient incentive for company clinics to apply for DOTS certification.
- TB education mixed with management advocacy is necessary for most management groups.
- The possibility of using of existing health service infrastructure and having to make minimal investment in finance, time, and resources persuaded companies to consider participating.

PBSP conducted a CEO forum in January 2004 to showcase its work in the three pilot companies above. At the end of the forum, six companies expressed interest in the DOTS program. Four possibly will set up DOTS replications: GST Philippines, Negros Navigation, Medicard (HMO), and Wyeth Philippines. One other company, DOLE Asia/Philippines, wanted to integrate DOTS into its corporate social responsibility program.

Major accomplishments also were achieved in the service model project for the informal work force with ties to the formal sector. Expanding its Workplace ++ model, CADPI pursued the development of its model to capture non-employee and non-dependents into the DOTS system. CADPI is collaborating with the Batangas Provincial Health Office and with six regional health units from four municipalities proximate to CADPI in the implementation of this model. Called the Batangas Network of Referrals, this expanded model initially is targeting the identification and treatment of 60 new TB patients. Target beneficiaries are workers in the informal sector who provide ancillary services to CADPI through subcontractors, as suppliers (e.g. farmers who sell their sugar cane produce to CADPI), or as seasonal service providers (cane cutters during the harvest season). At the end of March, four employees were undergoing DOT at CADPI Hospital.

In addition, following the rapid appraisal to determine the best way to set up a community program linked with corporate participation at WG&A Superferry, Pier 4 Porters' Association, the community of the Parola, Tondo, Manila, and the Manila City Health Office. PBSP is pursuing the development of the urban informal sector model. The emerging service provision framework will involve the WG&A Corporation, a youth organization based in the community and the Manila City Health Office. The planned roles are summarized in Exhibit B on the next page.

At the end of the quarter, of the two workplace models, American Standard had three workers and dependents undergoing DOTS, while Toyota Motor Philippines had not yet identified a TB case (but had six suspects). In early April, Toyota's management agreed to implement the DOTS program.

### **C3. Single Practice Physician Model**

A consulting team of two international and two local experts completed the rapid appraisal of single practice physicians (SPPs) in February. The field appraisal revealed that SPPs have varied knowledge and acceptance of DOTS. The majority is interested in DOTS services and may refer patients to local health centers for DOTS, but they have neither the time nor inclination to do record-keeping. Findings also revealed that SPPs tend to rely on chest X-rays to direct TB management. The team concluded that "SPPs occupy a critical niche in the services arrayed against TB. With rare exceptions, they cannot, individually, implement a full DOTS regimen, but many would willingly become DOTS providers if necessary support

**Exhibit B: Roles in urban informal sector model**

<b><i>DOTS components</i></b>	<b><i>WGA/ Corporate</i></b>	<b><i>Community-based organization</i></b>	<b><i>City Health Office (public)</i></b>
Political commitment and provision of resources	Will adopt this program and allocate corporate resources to defray part of the cost of the operation.	Will adopt this program and will house the DOTS center in its office	Will adopt this program and commits to provide resources.
Diagnosis through sputum microscopy			Will provide this service.
Uninterrupted drug supply	Will contribute to drug supply.		Will primarily provide the drugs.
Directly observed treatment	Company health personnel will do DOT for employees.	Youth group representatives will provide treatment partnering to patients in the community.	Will supervise treatment partners and drug allocation and recommend follow up consultations
Recording and monitoring	Company health personnel will perform this task for employees and will submit reports to the City Health Office.	Youth group representatives will perform this task for patients in the community and will submit report to the City Health Office.	Will integrate the reports to registry.

systems are available. This would greatly enhance the private sector's overall contribution to national TB cure and detection rates.”

Based on the appraisal findings, the team recommended the adoption of a community-oriented, purely private sector approach to stimulating SPP participation in and use of DOTS. The model calls for a “virtual DOTS center,” a network of services and resources available in the community that are made accessible in a coordinated fashion. These will be managed and coordinated through a designated manager/coordinator who may be appointed from within the network or be an external volunteer.

Results of the ongoing provider study will be used to inform the development of the SPP model implementation plan.

#### **D. Task 3 (Deliverable D): Private Sector Models Developed, Implemented, and Assessed**

Informed by the results of the situation analyses conducted on PhilCAT/CDC-sponsored DOTS programs (Manila Doctors Hospital, PhilamCare, De La Salle University-Health Sciences Campus) and FriendlyCare, the enhancement plans for each of these four models were vigorously implemented by the project through FACE. Clinic enhancements included the following:

- Technical assistance was provided in formulating institutional mechanisms for the four DOTS centers' participation in the NTP quality-assurance program, including DOTS training; microscopy training; reference laboratory identification; and external supervision, monitoring, and evaluation.

- Technical assistance was provided in the drafting of a memorandum of agreement with the DOH that will institutionalize the following components of the DOTS delivery system in the four clinics: inclusion of private sputum microscopy centers in NTP's external quality-assurance system; provision for a regular drug supply and procurement system; inclusion in NTP's external supervision, monitoring and evaluation system; and provision for a regular supply of sputum microscopy reagents and NTP forms.
- Technical assistance was provided in facilitating the PhilCAT certification of MDH and PhilamCare. MDH and PhilamCare DOTS implementers were given coaching on the proper completion of the PhilCAT certification self-assessment and survey tool as well as priority in regard to the visit of the PhilCAT certification team. As a direct result of these efforts, MDH and PhilamCare were given their certification on March 19.
- Technical assistance was provided in facilitating PhilHealth's reimbursement of DOTS service delivery fees. As an offshoot of discussions with PhilHealth on this issue, a half-day seminar workshop on the proper accomplishment of PhilHealth forms was conducted by Philippine TIPS on February 2 for the DOTS implementers. This was intended to correct the common deficiency of improper completion of reimbursement forms and providing incorrect information in the forms.
- A half-day training workshop on recording and reporting was conducted by Philippine TIPS on February 2 to help ensure that DOTS clinics maintain and update their TB clinic registers. User-friendly Microsoft Excel-based software has been developed, with technical assistance from FACE, to allow recording of data from the laboratory and the TB registers. The software will enable the DOTS clinic staff to generate the quarterly reports and program indicators automatically. A training module on recording and reporting was also developed for DOTS implementers.
- Technical assistance was provided in the preparation of financial analysis and business plan for the DOTS clinics through a consultant hired under contract with FACE.
- A workshop on financial management was conducted on March 10 for the DOTS implementers. The workshop discussed basic principles of accounting; it also walked the participants through the generic business model. Based on workshop discussions, it was recommended that the DOTS clinics should have a separate book of accounts (subsidiary ledger) to record and track their expenses.
- Philippine TIPS arranged a workshop on the use of fixed-dose combination (FDC) anti-TB drugs. The workshop, held March 19, sought to orient the DOTS implementers on the correct application of the treatment protocol using the DOH-provided FDC anti-TB drugs, which replace the single dose formulation.
- Development and production of IEC materials. These materials include a brochure which directs physicians to refer TB suspects to DOTS centers, a flipchart for clinic staff who orient the treatment partners, and a take-home brochure for treatment partners.
- Grant of a laptop, printer, and two cellular phones to DLSU-HSC. These equipments are intended to help the DOTS clinic pursue its recording and reporting as well as defaulter tracing functions.

**Deliverable D**

Private sector TB DOTS service models implemented in specific areas to demonstrate potential for replication.

*Objectives:* Pursue ongoing DOTS model enhancement.

*Targets:* Implementation of enhancement plan. Conduct of second situation analysis. Preparation of replication guidelines/ best practices. Dissemination of Unilab/ CSR-based DOTS service.

Preparations for bidding the subcontract for the second situation analysis that will be conducted in May have been initiated. The second analysis will assess the enhanced DOTS delivery system in the four clinics. The results of the second analysis will be used to finalize the replication guidelines.

Lessons learned from and best practices in the implementation of the enhanced DOTS delivery systems will be drawn up and put together in a compendium to enrich the replication guidelines to be used in the expansion of DOTS programs in 25 strategic sites.

#### **E. Task 4 (Deliverable E): Replicate Models**

Philippine TIPS conducted workshops in 22 sites. The workshops covered a basic DOTS training of referring physicians, announcement of the grant, etc.—with the intention of stimulating local

organizations to apply for the grant. In addition, the team also held organizational meetings to explain further the objectives, scope, and procedures. Local supporters also were identified, as they may be key in organizing participants. The workshops were done in collaboration with the Philippine Coalition against Tuberculosis (PhilCAT), the Philippine College of Chest Physicians (PCCP), Unilab Medical Education and Development (UMED), and Medichem Pharmaceuticals, Inc.

##### **Deliverable E**

Best TB DOTS approaches/service models implemented in at least 25 strategic cities/large municipalities nationwide.

*Objectives:* Prepare for the implementation of the replication/ expansion grant program.

*Targets:* Roadshow on basic DOTS training and announcement of the grant in the initial 22 replication sites. Meetings with organizations who are potential DOTS program implementers in 22 sites. Replication guidelines. Request for Application (RFA) and its evaluation criteria. Organization of the selection committee.

Private organizations, represented by some of the participants in the workshops, were invited to apply for the grant after being oriented on the legal and technical requirements and the basic process of proposal development. It was emphasized that the objective of the grant was to encourage private practitioners to refer their patients to the PPMD unit and provide quality DOTS service with a target of an 85 percent success rate. Participants were also given a general overview of Philippine TIPS, its collaborators, and major tasks. Exhibit C summarizes the number of participants per area.

In addition to the announcement during the workshops, meetings with key doctors were also set up in some of the sites to facilitate information dissemination regarding the grant and to encourage applications. A proposal development guide was prepared and distributed to outline the steps the applicants would need to take in order to meet the minimum requirements of the grant.

In most of the areas, it is likely that the local medical societies or PhilCAT chapters will apply. Consortia may be formed in some areas to consolidate key personalities and facilities. The Girl Scouts of the Philippines (GSP), Philippine Tuberculosis Society Inc. (PTSI), and the Philippine Academy of Family Physicians (PAFP) are among the NGOs likely to apply in some of the cities. There are also local cooperatives that are interested.

In addition to the road show, Philippine TIPS finalized and secured USAID approval of the addendum to the grants manual that will cover eligibility requirements, minimum technical requirements and standards, and other mandatory provisions for the DOTS replication/ expansion grant only. The grant handbook, which shall be an accompanying document of the RFA, now reflects the provisions in the addendum.

**Exhibit C: Basic DOTS Training Course**

<b>Date/Venue</b>	<b>City(ies)</b>	<b>Attendance</b>	<b>Physicians Who Applied for PhilCAT Certification</b>	<b>Institutions Interested to Apply for DOTS Fund</b>
January 22, 2004, Thursday venue: Diamond Hotel	Manila Bacoor, Quezon	44	24	Lung Study Group Foundation
January 27, 2004, Tuesday venue: Pryce Plaza	Cagayan De Oro, Ozamis (Region 10)	29	21	NORMINCAT
January 29, 2004, Thursday venue: Marco Polo Hotel	Davao City (Region 11)	56	29	DACICAT
February 6, 2004, Friday venue: Crown Hotel	*Naga (Region 5)	60	39	Camarines Medical Society
February 10, 2004, Tuesday venue: La Parilla Hotel	Cabanatuan (Region 3)	31	25	Premiere General Hospital
February 16, 2004, Monday venue: Gerry Roxas Foundation	Roxas City (Region 6)	25	7	PTSI
February 13, 2004 venue: Star Plaza Hotel	*Dagupan (Region 3)	25	16	Pangasinan Coalition Against TB (PangCAT)
February 17, 2004, Wednesday venue: Days Hotel	Iloilo (Region 6)	29	21	Citizen's Ilongo Coalition Against TB
February 18, 04, Friday venue: L'Fischer Hotel	Bacolod (Region 6)	68	28	PCP Western Visayas Chapter
February 23, 2004, Monday venue: Holiday Inn Mimosa	Angeles City (Region 3)	31	9	Angeles University Foundation
February 24, 2004, Tuesday venue: Waterfront Hotel (Lahug)	Cebu (Region 7)	16	7	Philippine College of Chest Physician
March 10, 2004, Wed venue: Fort Ilocandia Resort Hotel	Laoag City (Region 1)	32	11	Philippine Academy of Family Physicians
March 11, 2004, Thursday venue: Garden Orchids Hotel	Zamboanga City (Region 9)	15	9	Zamboanga Medical Society
March 18, 2004, Thursday venue: Barcelo Asturias Hotel	Puerto Princesa (Region 4)	29	20	Girl Scout of the Philippines
March 22, 2004 venue: Estosan Hotel	Cotabato City (Region 12)	11	6	Cotabato Medical Society
March 26, 2004, Thursday venue: Bethel Guest House	Dumaguete (Region 7)	24	15	Silliman Medical Center
March 29, 2004, Monday venue: Queen Margarette Hotel	Lucena City (Region 4)	17	9	Quezon Medical Society
March 31, 2004, Wednesday venue: Alejandro Hotel	Tacloban (Region 8)	14	6	Divine Word Hospital
<b>Total</b>		<b>556</b>	<b>302</b>	

\* PCCP sponsored sessions

The RFA, which outlines the terms of reference, bid instructions, selection process, and evaluation criteria for the grant award also was completed. The RFA was issued on April 1, 2004, and the deadline for the application submission was set for May 31, 2004. To facilitate the preparation of proposals, Philippine TIPS has scheduled proposal-writing workshops for all 22 sites. Clearly recognizing the team should not in any way advise potential applicants on the strategic direction and implementation plan, the workshop program focused on presenting the application format, explaining the requirements, and simply providing the venue to answer any questions or clarifications sought. The workshop was planned especially to help potential applicants with very strong capabilities and commitment to the DOTS service provision but that

were inexperienced with proposal preparation and daunted by the process. The workshops are scheduled throughout April and during the first week of May.

## F. Task 5 (Deliverable F): Training, Certification, and Communication

### F1. Task 5A: Training

*MTBEA implementation:* The grant agreements officially came into effect in October 2003. In early March, Philippine TIPS through NTBC provided mentoring support to the grantees, reviewing the status of their implementation plans and advising on best practices. The project also monitored progress, constraints, and lessons learned so far. The findings of the review show that the grantees have not only integrated the DOTS syllabus into the curriculum, they also introduced innovative teaching and learning tools. Moreover, they also integrated practical training of students into the DOTS centers operating in their hospitals and involved the medical faculty in the relevant application of TB treatment and management centered on DOTS into the various subject matters. Exhibit D provides a summary of the mid-program implementation accomplishments of the grantees.

#### Deliverable F

Teaching and training of TB DOTS conducted in medical professional schools and preparation of an integrated communication campaign to improve the treatment behavior of private service providers, promote the project, and support other project tasks.

*Objectives:* Monitor MTBEA implementation and assess DOTS syllabus implementation in medical schools (for Task 5A–Training). Improve certification system (for Task 5B– Certification). Pursue development of integrated communication strategy, and assist in the communication requirements of the other tasks (for Task 5C– Communication).

*Targets:* Mentoring UP, UST, and DLSU from NTBC; continuing advisory assistance on the implementation of work plans; monitoring implementation to ensure compliance with agreed performance targets; and drafting RFA for the second round of MTBEA awards (for Task 5A– Training). Final report on the evaluation of the certification system, training modules/training of regional certifiers, and finalized certification management and operation plan (for 5B– Certification). Draft final report of the communication research study, plan for developing communication strategy, and assist the 2004 World TB Day Commemoration (for Task 5C– Communication).

Prior to the second round selection of the MTBEA, USAID formal approval on the increase of the grants from 5 to 10, and corollarily the increase in the budget from US\$100,000 to 200,000 was secured during the quarter. The average grant amount remains at the peso equivalent of US\$20,000. Hence for the second round, a total of 7 grants will be awarded, two of which will be allocated for one school each in Visayas and Mindanao to ensure regional representation. The RFA was prepared during the quarter and issued on April 1, 2004. Proposals are due on April 30, 2004, and award by June 1, 2004—in time for the opening of the first semester of the 2004-2005 school year. The RFA has essentially the same provisions as the first one, except that the current one now requires as a minimum component the operation of a DOTS center.

*Assessment of DOTS syllabus implementation in medical schools:* This assignment commenced on March 29, 2004. The general objective of the study is to evaluate the implementation of the TB-DOTS master plan in the curriculum of all medical schools in the Philippines. Specifically, it intends to:

- Determine in what courses/units/modules and to what extent the TB-DOTS master plan is being integrated in the curriculum of all medical schools in the Philippines.
- Enumerate the different teaching-learning (T-L) activities and resources used by medical schools in the process of implementing the TB-DOTS curriculum.
- Establish the methods used by medical schools in assessing student achievement after taking the TB-DOTS core curriculum.



**Exhibit D: Grantees' Mid-program Implementation Accomplishments**

University	Accomplishments
<b>University of Sto. Tomas Faculty of Medicine and Surgery</b>	<p>UST immediately incorporated the three cases suggested by the APMC-Philippine TIPS TB syllabus in the problem-based learning module on the respiratory system for Year 2 students for the first semester. However, it deferred the implementation of this module due to scheduling difficulties. The TB syllabus is currently being revised for presentation to the Department of Medical Education and possible implementation in the 2004-05 school year.</p> <p>The monthly orientation of Year 3 medical students has been delayed because the satellite DOTS clinics and their operational guidelines are being finalized in cooperation with the Department of Preventive, Community, and Family Medicine. Once the clinics are established, the monthly orientation of Year 3 medical students will proceed in the 2004-05 school year.</p> <p>The rotation of Year 4 medical and pediatric clerks is ongoing. This began in 2003-04 and will continue in 2004-05.</p> <p>A pilot satellite DOTS clinic has been set up by the Department of Preventive, Community and Family Medicine in Barangay Commonwealth, Quezon City. DOTS training for faculty members is scheduled for SY 04-05.</p> <p>Discussions on the content of printed and PowerPoint educational materials for patients and laymen are ongoing. They are tentatively scheduled for launch on March 24, World TB Day.</p> <p>The grantee is presently coordinating with the UST Student Health Services for a school-based DOTS service. University employees will also be covered by this service. A memorandum of agreement is currently being negotiated with the DOH for a free supply of anti-TB drugs for the benefit of both students and university employees.</p>
<b>University of the Philippines, College of Medicine</b>	<p>Efforts are already under way to incorporate the APMC TB curriculum in courses during the remainder of the 2003-2004 school year (i.e., rotation of clinical clerks in local and public health DOTS centers; emphasis on the psychosocial dimensions of the disease at different year levels). Innovative learning activities include:</p> <ul style="list-style-type: none"> <li>• Human rights approach to TB.</li> <li>• Amazing Race to Stop TB. This is an educational game inspired by the TV reality game show <i>Amazing Race</i>. Medical students search the campus for an answer to a TB questions. Parts of the answer (a "key") are with various persons and offices in the campus. As they find parts of the answer, they get a clue as to where the next part can be found.</li> <li>• TB worksheets.</li> <li>• Basic DOTS Workshop. This is intended for all medical interns. It is conducted in cooperation with the DOH and the Philippine Health Insurance Corporation.</li> <li>• SIMDOTS. This is a computer simulation game inspired by <i>SimCity</i>. In SIMDOTS, students cope with various TB scenarios (e.g., classic TB, multi-drug resistant TB, etc.). Code-writing is about 40 percent complete. Pilot testing will be done in April and May, and the finished software will be launched formally by August 2004.</li> <li>• Community-based research. The College maintains a rural and urban community-based health program (CBHP) in Santo Tomas, Batangas, and in Pasay City. These are service-learning sites that are venues for early and sustained community-oriented medical education, research, and service.</li> <li>• Mega DOTS reward system. This is a reward system that will recognize student achievements. It is scheduled for implementation next school year</li> </ul> <p>Faculty activities include: The College Council has issued a resolution that commits the institution to renewed TB control in the country. So far, about 50 members of the faculty have attended a basic NTP-DOTS workshop. A multi-disciplinary forum with representatives from nine clinical departments was organized, resulting in a request from surgeons for a similar workshop with additional discussion on extra-pulmonary TB and infection control.</p>

<b>De La Salle University Health Sciences Campus</b>	<p>De La Salle University College of Medicine has achieved much of its MTBEA targets.</p> <p>DLSU has formed a TB-DOTS core group, and reviewed and enhanced the proposed TB-DOTS syllabus for Years 1 to 4 of the medical curriculum. DLSU has incorporated the syllabus in the respective training programs of each year.</p> <p>The enhanced curriculum was implemented fully in Years 1 and 2, and partially in Year 3. For Year 4, clinical clerks in the Department of Family and Community Medicine are now being rotated at the DLSU DOTS Center.</p> <p>A planning workshop will be held this summer to insure the implementation of the curriculum in the different year levels.</p> <p>More than 60 percent of faculty members have participated in a quiz show on TB-DOTS and refresher course on TB-DOTS. This served as an indicator of their level of knowledge.</p> <p>Linkages have been formalized with the TB-DOTS of DLSU, the Rural Health Unit of Dasmariñas City, and the different units of the DLSU Health Sciences Campus.</p>
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- Identify experiences that facilitated or hindered the implementation of the curriculum and lessons learned in the process.
- Recommend specific ways in which such problems and other limitations can be resolved to ensure effective and efficient implementation and monitoring of the TB-DOTS core curriculum.

The study consists of a survey of all medical schools on how they have integrated the TB-DOTS master plan in their curricula. The survey will also look at the universities' experiences in implementing the curriculum, the problems encountered, and innovations formulated and developed. Based on the survey results, enhancement strategies to help medical schools better implement and monitor the TB-DOTS curriculum will be developed. This program recommendation will be presented to all deans of Philippine medical schools—not just for improvement of their existing TB-DOTS curriculum but also for validation of the enhancement activities proposed.

## **F2. Task 5B: Certification**

*Evaluation of DOTS certification system:* The review was started in November 2003 and completed in January 2004. The draft final report was circulated within the project team for comments. The report is currently being finalized. Major findings indicate that the processes and procedures being followed by the stakeholders in the implementation of the DOTS program—which includes organizational structure and functional and certification processes—parallel international certification organizations such as the Joint Commission International. The processes that were reviewed revealed a solid foundation. However, the study recommended strengthening quality assurance; capacity-building of health care surveyors; and improving information and communication management on certification decisions, accreditation processes, and quick action by PhilHealth on certified centers.

*Training of regional certifiers:* Dovetailing the above exercise was the engagement the consultants who were involved in the preparation of the certification system and the CMOP. The consultants were tasked with modifying and enhancing the certification system, taking into consideration the above findings. In particular, they refined the standards, assessment criteria, and assessment form. Thereafter, they prepared training modules and conducted the training of regional certifiers. Three training sessions for Luzon, Visayas, and Mindanao surveyors were conducted in February. A total of 68 participants from DOH and PhilHealth and private representatives were trained (see Exhibit E).

**Exhibit E: Regional certifier training results**

Areas/Dates	DOH	PhilHealth	Private Rep
Luzon – 17 Feb	17	10	5
Visayas – 19 Feb	6	3	4
Mindanao – 20 Feb	14	5	4
Total	37	18	13

The regional surveyors were trained on the assessment standards, appropriate indicators, and the practicable recommendations to ensure compliance with minimum standards. The training session had a structured information imparting section and an interactive session with participants, who were given case studies. The trained regional surveyors will constitute the pool for the future rollout of certification and accreditation of DOTS Centers. Presently, these surveyors will make certification recommendations, although the final decision will still rests with PhilCAT central office.

An offshoot of this collaborative effort with DOH, PhilHealth, and PhilCAT, is the final approval of the CMOP by all parties during the coordination meeting held February 9, 2004 at the Philippine TIPS office. The report is now at final editing stage. During this meeting, the delineation of certification roles was finalized; DOH Sentrong Sigla will certify RHUs, and PhilCAT will certify all PPM/private and all hospital-based (both public and private) DOTS clinics through its regional pool.

*Ad hoc assistance on certification of PhilHealth target list of DOTS centers:* In response PhilHealth's request for assistance with certifying and accrediting at least 100 DOTS centers, public and PPM, by the middle of the year, Philippine TIPS and PhilCAT agreed to conduct orientations and workshops for target DOTS center personnel to teach them about standards and how to complete their self assessment forms—a prerequisite to issuance of certificates. A March 16, 2004, session co-sponsored by PhilCAT drew personnel from at least 50 DOTS centers in NCR, and Regions 3 and 4. The session was held at the Quezon Institute. A second session on March 19, 2004, co-sponsored by Philippine TIPS drew personnel from at least 30 DOTS centers in Regions 7, 10 and 11 and Caraga. To date, 23 of these DOTS centers have been certified. The rest are currently at various stages of the certification and accreditation process.

**F3. Task 5C: Communications**

*Integrated communication strategy.* In December, the project awarded the subcontract for “Research Support for the Philippine TIPS Integrated Communications Strategy” to ACNielsen (Philippines, Inc.). ACNielsen submitted its inception report on December 16, 2003. Essentially a market research activity, the research targets private doctors and project stakeholders and will be done mainly through one-on-one interviews. The research will investigate:

- Physician information-seeking behavior (including online or internet practices).
- General awareness about health and TB (including analysis of news media treatment of TB one year before the start of the project).
- Responses to trial messages about DOTS, Philippine TIPS, and USAID.
- Responses to the desirability or usefulness of a DOTS seal or service mark.

The results will be applied to the development of an integrated communications strategy. Face- to-face interviews were completed in March, and the top-line report is due for submission by mid-April. A media analysis of radio and TV ads was completed already. Next, AC Nielsen will perform a desk review of newspaper ads. Nielsen will review ads in two papers, the *Philippine Inquirer* and the *Philippine Star*, every day during March and August—the months with the most TB-related activities. For the rest of the months, the papers will be reviewed on a randomly selected day each week.

*Project communications:* In the area of project communications, the project provided support to the 2004 World TB Day commemoration. The project's communications adviser was appointed the co-chairperson for event organization and handled the media networking and publicity components. The following milestones marked this year's commemoration: the launch of DOH's TB Network; issuance of the Public-Private Mix DOTS (PPMD) Guidelines and its logo; awards to key stakeholders, including USAID, for their exemplary contributions to TB control; PHIC reimbursement of the first tranche payments of five DOTS clinics; and the introduction of two TB mascots, Tibor, a cured patient, and TB Tina, a treatment partner.

*Communications support to other tasks:* The communication adviser helped IEC pharmacy consultants conduct an audience-based analysis and craft specific messages for various communications situations. Advisory/technical support was also provided to DOTS centers that wanted to refine IEC messages and to design communications materials design for the centers' key clients—referring physicians, treatment partners, and patients.

## **G. Task 6 (Deliverable G): Financing**

### **G1. Financial Analysis for DOTS Models**

As a component of the situation analysis undertaken under Task 3, financial analysis (FA) was conducted for the five existing DOTS programs. Several scenarios were tested, varying assumptions on the cost and revenue components. On the cost component, used base case, and projections with and without cost subsidy were varied; on the revenue component, assumed PHIC benefits and imposition of user fees were varied. The analysis included estimating the break-even patient load and break-even revenue point per patient.

Results show that PHIC reimbursement alone will not sustain even the operating cost of the centers—largely due to the low percentage of PHIC members among the patients. Required user fees to cover operations ranged from Php 2,500 to more than Php10, 000 per patient. Clearly, business plans to sustain the centers need to go beyond conventional revenue sources and should integrate creative mechanisms such as cross-subsidization from primary health care services, support from corporate funding, and other sources. Further analysis is being conducted to test the feasibility of revenue-generating options.

### **G2. Project Management Activities**

The final report of the PhilCAT Organizational Development and Sustainability plan was completed in mid-October. The plan's major recommendations include the following:

- Clearly define, formalize, and communicate to the membership PhilCAT's core mandate of coalition building and membership development. This mandate has to be reflected in the organizational structure, processes, strategies, and required competencies of the secretariat.
- Strengthen the national secretariat to provide technical and management/administrative support to this core mandate.
- Expand the membership and geographical reach to areas that are least represented.
- Optimize resources from membership by engaging them directly in the implementation of programs and projects of the coalition, rather than focusing on a few key officers and individual members.
- Embark on a sustainability plan that should include improvement of the financial management system, diligent fund raising, optimum utilization of current donor funding, leveraging secretariat resources with member group resources. For example, PhilCAT should concentrate on training material development and training of trainers of member organizations, while retail training could be conducted by member organizations.

The report was given to PhilCAT for comment. Although PhilCAT generally agreed with the recommendations, it requested a workshop with Philippine TIPS to process these recommendations into a doable action plan. PhilCAT sought agreement on the specific steps to implement the transition plan that will institutionalize Philippine TIPS' work at PhilCAT. Related to this, the PhilCAT subcontract will be reviewed to determine what Philippine TIPS activities could appropriately be moved to PhilCAT over the life of the project.

### **G3. Philippine TIPS Year 2 Work Plan**

The second year work plan was formally approved by USAID on February 17, 2004.

## SECTION IV

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### Outstanding Issues and Options for Resolution

- The position of the policy and finance adviser remained vacant during the sixth quarter. The new adviser was approved by USAID in March but will not be able to get on board on a full-time basis till mid-April.
- It was decided that the covenant with PMA related to enhancing DOTS quality assurance is not critical, considering that most interventions on influencing treatment behavior of physicians more appropriately take place under the different medical societies. Efforts will be exerted on the advocacy and technical support to the six professional societies with which Philippine TIPS and PhilCAT have an existing MOA. Support will be provided on the strengthening and institutionalization of TB training in the residency programs of these societies. The project proposes to engage two consultants, one with a background on OD and training, and another with strong TB content knowledge to prepare the implementation plans of the MOAs with the professional societies and the training modules for the residency program. The training modules will be very similar to the DOTS syllabus but will be tailor-made (e.g. in terms of how cases are presented) to in-service continuing education.
- To complement this intervention, the project is exploring the possibility of supporting the establishment of a comprehensive training program on TB management under the Philippine Tuberculosis Society Incorporated (PTSI). The plan is to equip each provider with all the necessary skills and knowledge to manage the disease from a programmatic and clinical perspective. The provider will cater to both public and private providers, thus giving the latter access to DOTS training, which at present is used on an ad hoc basis. The training program could include:
  - A comprehensive course to train a critical mass of health workers in all aspects of TB control, particularly program management, who would serve their communities and be available to the National TB Program for supervision and monitoring. By the end of the course, successful participants will have thorough theoretical and practical knowledge of the basis for the modern tuberculosis control strategy advocated by IUATLD and WHO.
  - Short-term courses on basic DOTS, DOTS provider training, the business and management aspect of the DOTS operation, microscopy, and evaluation and monitoring.
- The planned covenant with PAMET (intended to improve diagnosis of TB through quality sputum microscopy) will be expanded to include related organizations, particularly the Philippine Society of Pathology (particularly the clinical pathology group), National TB Reference Laboratory of the Regional Institute for Tropical Medicine, and possibly JICA, which has been supporting improvement of microscopy services.
- The team deems it advantageous to put on hold the preparation of the design and pilot implementation of the single-practice network model and to await the results of the KAP survey. It believes that the design will be more robust if it benefits from the information generated from the survey.
- The surge of initiatives on TB control by various organizations (including Philippine TIPS, PPMs of PhilCAT and the Global Fund, the recent launch of DOH's TB Network) brought to fore some confusion on leads, delineation of roles, as well as the need for coordinated and synergized efforts. The project through its Integrated Communication Strategy hopes to provide clarity on how to "brand" its interventions and how best to link up with overarching programs such as the TB Network,

and ensure consistency with national guidelines, such as the PPMD. The project will avoid being construed as a competitor or an outlier; rather it will present itself as a resource and steadfast partner of DOH and PhilCAT. The success of the PDI in generating the DOH's interest in a Philippine TIPS undertaking bodes well. The project intends to hold a meeting with DOH to build on the good will and collaborative spirit and to identify areas where the Philippine TIPS work plan could strengthen or complement DOH and PhilCAT efforts.

- The project has recognized the significant role of pharmacists and their allied workers as key stakeholders in DOTS, along with doctors, medical technologists, and health managers. The agreement of pharmacists, drugstore owners, and DOH to support the pharmacy DOTS initiative indicates the importance of both the profession (pharmacy) and the institution (drugstores) to DOTS.

## SECTION V

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### **Status toward Achieving Sustainability of Efforts**

Pursuant to the project's focus of institution building as the key strategy to sustain its efforts, current related initiatives are:

- Continuing assistance to PhilCAT's organizational development, as it is the primary sustainability element for the project.
- Continuing collaboration with various stakeholders, such as:
  - Medical professional societies that advocate DOTS as the best practice for TB treatment and train of its members on the DOTS strategy.
  - DOLE, for the issuance of guidelines on TB control in workplaces, which will cover IEC on TB, de-stigmatization of the disease, treatment through DOTS, and non-dismissal of workers with TB.
  - PCCI and PBSP member companies, to promote adoption of corporate policies and programs on TB control.
- Continued support to enhance four private DOTS programs with the objective of presenting models as well as exploring the potential of any of the sites to be a center of excellence;
- Close coordination with the Global Fund PPM DOTS project to ensure complementation of efforts; in this regard, Philippine TIPS will be represented in the national coordinating committee for PPM, which will formulate standardized guidelines for structuring and operating PPM DOTS centers.
- Expansion of partner network and identification of existing institutions that may develop as a sustainability element for specific activities of the project (e.g., possibility to develop DOTS training capacity of PTSI) in addition to PhilCAT or through enabling support of PhilCAT.



## SECTION VI

## Performance Objectives for the Next Quarter

OBJECTIVES	TARGETS/ MAJOR ACTIVITIES
<b>Deliverable A</b>	
<ul style="list-style-type: none"> <li>Finalize the project's performance monitoring plan.</li> <li>Conduct the actual survey on KAP of private physicians on TB treatment.</li> </ul>	<ul style="list-style-type: none"> <li>USAID approval of PMP</li> <li>Annual and fifth and sixth quarterly PMP reports</li> <li>Final survey instruments, training of surveyors, and conduct of actual survey</li> </ul>
<b>Deliverable B/Task 1</b>	
<ul style="list-style-type: none"> <li>Follow up advocacy work on promotion of TB patient rights</li> <li>Conduct PDF study</li> <li>Pursue efforts on DOTS quality assurance</li> </ul>	<ul style="list-style-type: none"> <li>Follow up on issuance of DOLE guidelines</li> <li>PCCI symposium on private sector participation in TB control (scheduled on April 16)</li> <li>Completion of the situation analysis and draft of the design and mechanism for the private drug facility</li> <li>Six professional societies' implementation plan of MOA with PhilCAT and TIPS re commitment on promotion of DOTS among members</li> <li>Discussion with PAMET, PSP and NTRL on possible collaboration with TIPS to improve quality of sputum microscopy</li> </ul>
<b>Deliverable C/Task 2</b>	
<ul style="list-style-type: none"> <li>Pursue ongoing studies on new DOTS model development</li> </ul>	<ul style="list-style-type: none"> <li>Organization and training of PDI participants, and commencement of on the ground implementation</li> <li>Re workplace models, conduct of external evaluation of the pilot models; final design and implementation plan for informal workplace DOTS models</li> </ul>
<b>Deliverable D/Task 3</b>	
<ul style="list-style-type: none"> <li>Pursue ongoing DOTS model enhancement</li> </ul>	<ul style="list-style-type: none"> <li>Initial replication guidelines</li> <li>Final report on the study</li> <li>Second situation analysis</li> <li>Finalization of replication guidelines/ best practices</li> <li>Dissemination of Unilab/CSR-based DOTS service</li> </ul>
<b>Deliverable E/Task 4</b>	
<ul style="list-style-type: none"> <li>Select/ Award replication grants</li> </ul>	<ul style="list-style-type: none"> <li>Issuance of RFA</li> <li>Proposal writing workshops for all 22 sites</li> <li>Evaluation of proposals and recommendation for award and final approval by USAID</li> </ul>
<b>Deliverable F/Task 5</b>	
<b>Training</b>	
<ul style="list-style-type: none"> <li>Select/ Award 7 MTBEA grants</li> </ul>	<ul style="list-style-type: none"> <li>Issuance of RFA</li> <li>Evaluation of proposals and award to 7 grantees</li> <li>Monitoring of implementation of the 3 existing grantees to ensure compliance with agreed performance targets</li> </ul>
<b>Certification</b>	
<ul style="list-style-type: none"> <li>Finalize and disseminate CMOP</li> </ul>	<ul style="list-style-type: none"> <li>Finalization and dissemination of the CMOP</li> <li>Finalization of the evaluation report on the certification system</li> </ul>
<b>Communication</b>	
<ul style="list-style-type: none"> <li>Pursue development of integrated communication strategy</li> <li>Continue assistance to communication needs of other tasks</li> </ul>	<ul style="list-style-type: none"> <li>Interim reports and draft final report of the communications research study</li> <li>Integrated communication strategy</li> <li>BOA for providers of service for communication tasks</li> <li>Various assistance to communication needs of other tasks (e.g.,</li> </ul>

	IEC materials for PDI and DOTS programs, dissemination of DOLE's TB in the workplace guidelines, dissemination of Unilab experience, documentation of DLSU DOTS program experience, etc.)
<b>Deliverable G/Task 6</b>	
<ul style="list-style-type: none"> <li>Pursue financial analysis of private DOTS programs</li> <li>Pursue work plan on DOTS financial framework</li> <li>Provide TA support to PhilHealth</li> </ul>	<ul style="list-style-type: none"> <li>Financial analysis report for the 5 DOTS programs (MDH, DLSU, FCC, PhilamCare and Unilab) and business plan for the first four</li> <li>SOW for DOTS financing framework study</li> <li>Addendum to the PhilCAT/ Philippine TIPS MOA to reflect TA agenda</li> <li>Various SOWs related to the TA agenda</li> </ul>
<b>Project Management</b>	
<ul style="list-style-type: none"> <li>Pursue capacity building of PhilCAT</li> <li>Pursue hiring of vacant positions</li> </ul>	<ul style="list-style-type: none"> <li>Workshop/ implementation program for PhilCAT Organizational Development and Sustainability Plan</li> <li>Deployment/hiring of the following: a project implementation consultant, 3 additional site managers for the pharmacy initiative program team, DOTS Fund program manager and two more DOTS technical specialists, various STTA consultants</li> </ul>